

Requirements for Third Party Liability -
Identifying Liable Resources

A. State Wage and Income Collection Agencies (SWICA) - 42 CFR
433.138(d)(1)

County department caseworkers enter recipient/applicant information directly into the Indiana Client Eligibility System (ICES) which in turn sends the necessary data to the Indiana Department of Employment and Training (IDETS) once a month (more often if indicated). The resultant data match giving wage information is returned to ICES and kept on file for the record.

When there is a "hit" (data found by IDETS for a recipient), an alert is sent to the caseworker who has the responsibility for verification follow up*. Once TPL is verified, the information is entered in ICES within 30 days and then sent to the IMMIS via daily electronic data exchange to be entered in the TPL data base.

A separate data match with IDETS is created by the IV-D agency to uncover employment information about absent parents.

B. SSA Wage and Earnings File - 42 CFR 433.138(d)(1)

Once a month the electronic State Beneficiary Data File (BENDATA) is created on tape and sent to SSA for the Beneficiary and Earnings Data Exchange/ Beneficiary Earnings Exchange Record (BENDEX/BEER) data exchange. When the BENDEX/BEER tapes are received in return, the data is processed by ICES and placed on line for reference. An alert is sent to the county caseworker responsible for verification and follow up when information is received on BEER for an active recipient. Additionally, Social Security income

* "Follow Up" for the verification of TPL information gathered from data exchanges includes, but is not limited to, sending employment and benefits verification letters to employers and or insurance companies, phone calls and letters to attorneys and/or those suspected to be liable for accident related claims, letters and/or phone calls to medical providers.

information from the BENDEX is used to automatically update the Medicaid and Food Stamp budgets of matched recipients in ICES. The BENDEX is then sent to the Medicaid contractor to electronically update the MMIS TPL file with Medicare information to cost avoid for the future and to seek recovery of claims already paid.

C. Worker's Compensation - 42 CFR 433.138(d)(4)(i)

The data match is conducted with Worker's Compensation annually. A tape is created by the Indiana Industrial Board of all those who have filed a worker's compensation suit in the previous year. The contractor has the responsibility to do verification follow-up and then to establish Medicaid's interest in settlement proceedings arising from the accident.

D. State Motor Vehicle Accident Report Files (42 CFR 433.138(d)(ii))

The Medicaid contractor conducts data matches with the State Motor Vehicle Accident Report Files annually. A tape is created by the State Police of all vehicular accidents during the previous year. The contractor has the responsibility to do verification follow-up and then to establish Medicaid's interest in settlement proceedings arising from an accident when appropriate.

E. Patient Compensation Board

The Medicaid contractor conducts data matches with the State Patient Compensation Board monthly. A tape is created by the Indiana Patient Compensation Board of all those who have filed a malpractice suit against a health care provider in the previous month. The contractor has the responsibility to do verification follow-up and then to establish Medicaid's interest in settlement proceedings arising from the suit.

F. Black Lung

The Medicaid contractor conducts data matches with the Department Of Labor, Division of Coal Miners annually. A data exchange tape is created from the MMIS Medicaid Eligibility files and in turn a tape is received of all those who are

qualified for black lung benefits. The contractor has the responsibility to do verification follow-up and then to bill the Board for reimbursement of claims already paid by Medicaid.

G. Defense Eligibility and Enrollment Reporting System (DEERS)

The Medicaid contractor conducts data matches with DEERS annually. A data exchange tape is created from the IV-D and Medicaid Eligibility files and in turn a tape is received from DEERS of all those who qualify for Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) benefits. The contractor has the responsibility to do verification follow-up, add the information to the TPL data base for future cost avoidance, and then bill CHAMPUS for reimbursement of claims already paid by Medicaid.

H. Diagnosis and Trauma Code Edits (See 42 CFR 433.138(e).)

The Medicaid contractor conducts diagnosis and trauma code edits for codes 800 through 999 with the exception of codes 900 -919, 950-958.8, 990-995.89 and 996-998.9.

All claims in the IMMIS weekly processing cycle are edited for trauma codes. Claims with these trauma codes are reported to the contractor's TPL unit via the MARS reporting system for potential recovery. Recipients who have claims with these edits are contacted by the contractor to determine the potential for recovery. If potential exists, the contractor opens a casualty case and tracks the proceedings. The time frames for follow-up depend on the particulars of the case.

Information regarding the potential recovery of trauma related expenditures is maintained in the contractor's third party recovery unit and includes all parties involved in the case as well as Medicaid expenditure information related to the injury. Since liability is not finally established for such cases until settlement, casualty liability information is not coded on the IMMIS therefore, recovery of casualty related expenditures is performed on a post-payment basis. However, if liability is established for future medical expenses, the information is then coded on the TPL file.

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